

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90058 020 ***150.00

DOCUMENT # P98000036765

1. Entity Name

M.D. SERVICES ENTERPRISES, INC.

Principal Place of Business

**129 N. OAK STREET. C/O MADDEN
 LANTANA FL 33462-3203**

Mailing Address

**129 N. OAK STREET. C/O MADDEN
 LANTANA FL 33462-3203**

2. Principal Place of Business

6934 Tradewind Way

Suite, Apt. #, etc.

3. Mailing Address

6934 Tradewind Way

Suite, Apt. #, etc.

City & State

LANTANA FL

City & State

LANTANA FL

Zip

Country

33462

Zip

Country

33462

4. FEI Number

68-0842269

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MADDEN, JEFFREY M

129 N. OAK STREET

LANTANA FL 33462-3203

7. Name and Address of New Registered Agent

Name

MADDEN JEFFREY M

Street Address (P.O. Box Number is Not Acceptable)

6934 Tradewind Way

City

LANTANA

FL

Zip Code

33462

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

15 FEB 02

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
 NAME **MADDEN, JEFFREY M**
 STREET ADDRESS **129 N. OAK STREET**
 CITY-ST-ZIP **LANTANA FL 33462-3203**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DASS** ☒ Change ☐ Addition
 NAME **JEFFREY M MADDEN**
 STREET ADDRESS **6934 Tradewind Way**
 CITY-ST-ZIP **LANTANA FL 33462**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
 CITY-ST-ZIP

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JEFFREY M MADDEN
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEFFREY M MADDEN

Date

Daytime Phone #

15 FEB 02

561 315 9670

CR2E034 (9/01)